

STATE OF SOUTH CAROLINA

215801
(FORM 1)

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's LimoBEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____

2009-126-T

Posted: tech/psDept: S.A.Date: 3/18/09Time: 4:00

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Claude BrownTelephone: 803-729-0855Address: 12 Bidding Ct.

Fax: _____

Irmo, SC 29063

Other: _____

Email: brown.1978@hotmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED

MAR 16 2009

PSC SC
DOCKETING DEPT.lod

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)
Office # (803) 896-5100 - Fax # (803-896-5199)

SC PUBLIC SERVICE
COMMISSION

2009 MAR 16 PM 4:19

RECEIVED

CLASS C - TAXI

DATE 3 - 11, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Deluxe Cab, LLC

2. (a) Street Address of Applicant 17 Gidding Ct. Irmo, SC 29063

(b) Mailing address, if different from street address _____

(c) Telephone Number 803-729-0855 Fed. ID # _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: March Year: 2009

Assets:	
Cash	0
Receivables	0
Real Estate	0
Buildings and Equipment-Net	0
Motor Vehicles-Net	7000
Garage Equipment-Net	0
Machinery and Tools-Net	300
Supplies on Hand	0
Prepays and Other Assets	0
Total Assets	7,300
Liabilities and Equity:	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	480
Total Liabilities	480
Capital Stock	0
Retained Earnings	0
Total Equity	6820
Total Liabilities and Equity	7300

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Richland

I, Claude Brown, Owner
 (Name of Applicant's Representative) (Title)
 of Deluxe Cab LLC, the Applicant for the Certificate of Public (Applicant)
 Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above
 Application are true and correct.

SWORN TO BEFORE ME

At 6:33 pm

This the 11 day of March 2009

Jessie Boyle
 (Notary Public)

Commission Expires: 1/20/2019

Claude Brown
 (Signature of Applicant's Representative)

EXHIBIT C

CLASS C

TAXI

CHARTER

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Deluxe Cab LLC

For the transportation of passengers as follows:

Area to be served: statewide

Number of passengers: 15

Fares : \$ 5.00 a mile

Date 3-11-09

Claude Brown
By

Owner

Title

Rev.10/03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier.

Deluxe Cab LLC
(Applicant)

Date: 3-11-09

Claude Brown
(Applicant's Representative)

Owner
(Title)

INSURANCE QUOTE

The following insurance quote is for:

Deluxe Cab, LLC

(Name of Motor Carrier)

17 Gidding Court, Irmo, SC 29036

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance

1,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Southern United Fire Ins. Co.

(Insurance Company Name)

One Southern Way, Mobile, AL 36619

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3-16-09

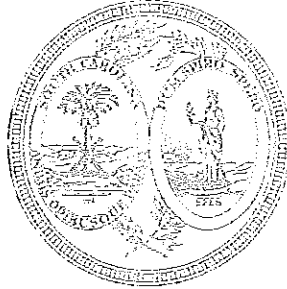
Date

Rita Koon

(Authorized Insurance Company Representative)

Rev 5/07

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

DELUXE CAB LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on February 13th, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
13th day of February, 2009.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State